Name in Full Daniel Alden

Certificate of Death

Died at Town Corbett County Balto. MARYLAND

Date 1899 Month 8 Day 24 Age Y. 82 M. D. Native of Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow Widower Divorced Number of children living 8

Husband of Wife

Father's Name Mother's Name

Cause of Death Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Md Journal

Address 8-26

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full #5352 Certificate of Death

Margaret Anderson

Died at P.O. Town Ivy Mill County Hotel Hillen road Balto. Co. MARYLAND

Date 1899 Month August Day 2 Age Y. 78 M. 3 D. 9 Native of Scotland Occupation Housework

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living

~~Husband~~ Wife of

97

Father's Name Daniel Anderson Mother's Name Mary Anderson

Cause of Death Primary Chronic Nephritis How long sick 6 or 7 days

Immediate Valvular disease of heart Accident, Suicide, Homicide

Reported by Wm D Corse OVER

Address Gardenville Md.

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr. Wm D Corse Md

of Gardenville Md.

information contained in this certificate re-

ceived from

of

Name in Full

Certificate of Death

Mrs. Mary A. Arthur

Dled at Town Greenwood County Balto. MARYLAND

Date 1899 Month 8 Day 31 | Age Y. 100 M. D. | Native of | Occupation

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ ~~Single~~ Widower Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary 161 Immediate

How long sick

Accident, Suicide, Homicide

Reported by Union 9-9

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Certificate of Death

Louis Ball

Died at Town Lansdown County Baltimore MARYLAND

Date 1899 Month August Day 14 | Age Y. 38 M. — D. | Native of Virginia | Occupation Laborer

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 4

Husband of Wife Annie Ball 9

Father's Name — Mother's Name —

Cause of Death: Primary La Grippe, Acute Pul. tuberculosis — How long sick 7 mos

Immediate Exhaustion — ~~Accident, Suicide, Homicide~~

Reported by Wm R. Eareckson

Address Elk Ridge, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79908

Name In Full ~~X~~ 548

Certificate of Death

Frederick Becker

Died at Town Towson County Baltimore MARYLAND

Date 1899 Month Aug Day 16 | Age Y. 57 M. D. | Native of Germany | Occupation Merchant

~~Male~~ / ~~Female~~ White / ~~Colored~~ Married / ~~Single~~ ~~Widow~~ / ~~Widower~~ ~~Divorced~~

Number of children living 10

Husband / ~~Wife~~ of Mary E Becker

Father's Name Frederick Becker

Mother's Name 30

Cause of Death: Primary Addisons disease — How long sick Three years

Immediate Heart failure — ~~Accident, Suicide, Homicide~~

Reported by D H C Jarrett M D

Address Towson

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Name in Full Joshua Bell

Certificate of Death

Died at Town Dickeyville County Balto MARYLAND

Date 1899 Month Aug Day 18th Age Y. 75 M. D. Native of America Occupation Carpenter,

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband ~~Wife~~ of Elizabeth Bell

Father's Name Joshua Bell Mother's Name Clavasey Bell,

Cause of Death Primary Dysentary 84 How long sick 5 weeks,

Immediate " and Exhaustion ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Dr George F. Everhart,

Address Dickeyville Balto Co, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Joseph L Bodkin

Died at Town Govans town County Baltimore MARYLAND

Date 1899 Month	Day	Age Y.	M.	D.	Native of	Occupation
Aug	20	—	—	4	Maryland	—

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name Edward Bodkin

Mother's Neme Seraphine Richmond

Cause of Death — Primary Tetanus Neonat 140

Immediate Convulsions

How long sick 1 day

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by E. M. Duncan M.D.

Address Govans town Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Annie Bohnlofink.

Died at Town Fairview County Balt — MARYLAND

Date 1899 Month 8 — Day 10 | Age Y. 48 — M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number ~~of~~ children living Don't Know

Husband of Wife Don't Know as she was visitor from

Father's Name | Mother's Name Belt & died suddenly

Cause of Death: Primary Died before I arrived | How long sick one hour

Immediate Heart disease 57 (suppose | ~~Accident~~, Suicide, Homicide

Reported by Dr. Jos. H. Wilson

Address Fowblesbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Mary Bond

Died at Town: Md. Line | County: Baltimore | MARYLAND

Date 189 | Month: Aug | Day: 1 | Age: Y. — M. 10 D. — | Native of: Md. | Occupation: —

~~Male~~ Female | ~~White~~ ~~Colored~~ Mulatto | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living

~~Husband~~ ~~Wife~~ of

Father's Name: John Bond | Mother's Name: Mary D. Bond

Cause of Death: Primary: Marasmus 82 | How long sick: 4 months

Immediate: " " | ~~Accident, Suicide, Homicide~~

Reported by: Wm Stirling M. D.

Address:

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Bertha B Bowen

Died at Town: Towson County: Balto Co MARYLAND

Date 1899 Month: aug Day: 26 | Age Y. 24. M. D. | Native of Md | Occupation Nurse

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name 22a

Cause of Death { Primary: Consumption | Immediate

How long sick

Accident, Suicide, Homicide

Reported by Royston Green MD

Address Towson Balto Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full ~~X~~ 5380

Certificate of Death

Jarrett. S. Bowman

Died at Town 416. Pratt. St County Balto. ~~Cty.~~ Co. Md. MARYLAND

Date 1899 Month 8, Day 7, Age Y. 23. M. D. Native of Md Occupation Brakeman

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ Divorced Number of children living

Husband ~~Wife~~ of Annie Bowman.

Father's Name John Mother's Name Rebbecca

Cause of Death: Primary Internal Hurt from Cars — How long sick 9. days

Immediate Spinal affection 145d — Accident, Suicide, Homicide

Reported by Dr. G. W. Renwood

Address 708 Emerson St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Attended by Dr. G. W. Kennard

of Christ. Justitia

formation contained in this certificate re-
ived from

Name in Full

Certificate of Death

Brockhart

Died at Mt Washington (Town) Balto (County) — MARYLAND

Date 1899 Month my Day 3 | Age Y. M. D. one hour | Native of Mon | Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living 6

Husband / Wife of George Brockhart

Father's Name — | ~~Mother's Name~~

Cause of Death: Primary 138a | How long sick

Immediate Inanition | Accident, Suicide, Homicide

Reported by Dr J. G. Brown

Address Mt. Washington

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Rosa Lee Caltrider

Certificate of Death

Died at Town: Mt Washington County: Balto MARYLAND

Month	Day	Y.	M.	D.	Netive of	Occupetion
8	14	28	–	–	Maryland	Housework

Date 1899

~~Male~~ Female

White ~~Colored~~

~~Married~~ Single

~~Widow~~ ~~Widower~~

~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name: Daniel Caltrider

Mother's Neme: Preicilla Caltrider

Cause of Death — Primary: Asthma 97 — How long sick: 3 years

Immediete: Brights Disease — ~~Accident, Suicide, Homicide~~

Reported by: Morris S Hanks M.D

Address: Mt Washington Balto Co Md

Must be signed by physicien, if any In attendence, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 79706

Name in Full

Certificate of Death

Lena M. Christensen

Died at Highlandtown (Town) Balto (County) MARYLAND

Date 189 4 — Month 6 Day 6 — Age Y. 39 M. D. — Native of Balto — Occupation Housewife.

~~White~~ — White — Married — ~~Widow~~ — ~~Divorced~~

Female — ~~Colored~~ — ~~Single~~ — ~~Widow~~ — Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death { Primary Heart Disease 5-7 } How long sick

{ Immediate }

~~Accident, Suicide, Homicide~~

Reported by A. Warner

Address 1120 Highland Av.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Catherine A. Clark

Certificate of Death

Died at Town Catonsville County Balto MARYLAND

Date 189 9 Month Aug Day 3 | Age Y. 30 M. D. | Native of Md | Occupation None.

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living X

Husband of Wife X

Father's Name William Clark Mother's Name X

Cause of Death { Primary Dementia 46 | How long sick 1 month.

Immediate Chronic Nephritis | Accident, Suicide, Homicide

Reported by Percy Nude

Address Md Hospital. Catonsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

Name in Full John Clay

Certificate of Death

Dled et Town Randaletown County Balto MARYLAND

Date 1899 Month Aug Dey 1st | Age Y. 48 M. D. | Native of Germany | Occupation Farmer

Male White Married Widow ~~Divorced~~

Female Colored Single Widower Number of children living 4

Husband of Wife Frederica Clay

Father's Name

Mother's Name ~~S~~ 104

Cause of Death { Primary Gastritis ~~S~~ | How long sick 8 weeks

Immediete Syncope | Accident, Suicide, Homicide

Reported by A. C. Smink M. P.

Address Rowhatan

Must be signed by physician, if any in ettendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. A. C. Smith

of Pourkatan

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full

Chas R. Cockey

Certificate of Death

Died at Town: Texas md. County: Balto. MARYLAND

Date 189 9 Month: Aug Day: 14 | Age Y. 72 M. D. | Native of md. | Occupation none

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ Widower ~~Widow~~ ~~Divorced~~ | Number of children living None

Husband of Wife Fanni C. Cushmier

Father's Name Thos Dye Cockey | Mother's Name Thos Sallie Lux Cockey

Cause of Death: Primary Diabetes 28 | How long sick one year

Immediate | Accident, Suicide, Homicide

Reported by D. F. Busey M. D.

Address Texas md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Herbert Wilbo Cole.

Certificate of Death

Died at — Town: Verona — County: Balto Co — MARYLAND

Date 1899: Month: August — Day: Friday — Age: Y. 2 M. 11 D. 1 — Native of: Balto Co — Occupation:

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / Single / Widow / Widower / Divorced — Number of children living: none

Husband / Wife of: 49

Father's Name: Clarence G. Cole — Mother's Name: Cecelia L. Cole

Cause of Death — Primary: Spasms (Convulsions) — How long sick: 4 hours

Immediate: Coma. — Accident, Suicide, Homicide:

Reported by: H. J. McKelvey M.D.

Address: Verona P.O. Balto. Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70706

Name in Full

Certificate of Death

Eva C Cormann

Died at Town Delight County Balto MARYLAND

Date 1899 Month Aug Day 6 | Age Y. M. D. 3, 6 | Native of Maryland | Occupation —

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Fredrick Cormann

Mother's Name Annie France

Cause of Death: Primary

Immediate Take off

How long sick

157

Accident, Suicide, Homicide

Reported by Edwin D. Selby Undertaker

Address Reisterstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name In Full — Certificate of Death

Walter S Grasy (Winston N.C.)

Died at Town: Towson (Sheppard & Enoch Pratt Hosp) County: Balto Co MARYLAND

Date 1899 Month: Aug Day: 21 | Age Y. 52 M. — D. | Native of Va | Occupation Clergyman

Male / Female — White / Colored — Married / Single — Widow / Widower — Divorced — Number of children living 2

Husband / Wife of Mrs Walter S Grasy

Father's Name — Mother's Name 46

Cause of Death — Primary: Exhaustion of Melancholia — How long sick

Immediate: Heart Disease (Aortic) — Accident, Suicide, Homicide

Reported by E A Brunk

Address Sheppard & Enoch Pratt Hosp Towson Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Mrs. Rachel Dance

Certificate of Death

Died at Dulany's Valley (Town) Balto. (County) MARYLAND

Date 189 9 Month 8 Day 18 | Age Y. 1 M. D. | Native of | Occupation

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ ~~Single~~ Widower Number of children living

Husband of Wife Alexander Dance

Father's Name Mother's Name

Cause of Death { Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Aegis & Intelligencer 8-25

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full #5395 Mr Certificate of Death

Infant of Mrs. Henry Disney

Died at Lett. Town Washington County Boston MARYLAND

Date 189 9 Month Day August 12 Age Y. M. D. 2 hours Native of Md Occupation —

Male White ~~Married~~ ~~Widow~~ Divorced

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 1

Husband of Wife

Father's Name William Disney Mother's Name 138b

Cause of Death Primary Premature Birth How long sick

Immediate Inanition Accident, Suicide, Homicide

Reported by Dr. J. S. Bowen

Address Lett Washington

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full Florence F. Donaldson

Certificate of Death

Died at Town near Pikesville County Balto. MARYLAND

Date 1899 Month Aug. Day 29 | Age Y. 3 M. 1 D. | Native of Balto | Occupation

~~Male~~ White 1 Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 1

~~Husband~~ of Wife William T. Donaldson

Father's Name Mother's Name

Cause of Death Primary Phthisis 22a How long sick 12 months

Immediate Accident, Suicide, Homicide

Reported by S. F. E. Fowks

Address 1517 E. Balto. St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Thomas Howard Dyer

Certificate of Death

Died at Town: Garrison County: Balto Co MARYLAND

Date 189 Month: August Day: 4 | Age Y. 6 M. months D. | Nativa of | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

Husband of

Wife

Father's Name: John Dyer

Mothar's Nama: Lillie M. E. Beck

Cause of Death — Primary: summer complaint — How long sick: 3 days

Immediate: 82 — Accident, Suicide, Homicide

Reported by

Address

Must ba signed by physician, if any in attendance, otherwisa by coronar, undartakar or minister.

LIBRARY BUREAU, 70898

Attended by Dr. had no doctor

of

Seen by Coroner

of

Information contained in this certificate received from Frank Smith

of Owings Mills

Balto Co

Name in Full

Certificate of Death

Mary E. Enor

Died at Town Hampden County Balt. MARYLAND

Date 1899 Month 8 Day 31 | Age Y. 07 M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~

~~Husband~~ Wife of Abram Enor

Father's Name

Mother's Name

Cause of Death { Primary 161 Immediate

How long sick

Accident, Suicide, Homicide

Reported by Amos 9-9

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78998

Name in Full #5398 Charles Emory Zaringer

Certificate of Death

Died at Mt Washington Town Balto Co. County MARYLAND

Date 1899 Month VIII Day 12 | Age Y. 0 M. 2 D. 18 | Native of Md. | Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of —
Wife

Father's Name William B. Zaringer

Mother's Name Mary E. Zaringer.

Cause of Death: Primary Cholera Infantum

Immediate Asthenia. 82

How long sick 12 days

Accident, Suicide, Homicide

Reported by William J. Todd M.D.

Address Mt Washington Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full #5402 Certificate of Death

Michael Joseph Fay.

Died at 47 N. Clinton St. Balto. Co. Md MARYLAND

Town County

Date 1899 Month Aug Day 12 | Age Y. 1. M. 3. D. | Native of American | Occupation none

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Michael Fay. Mother's Name Mary Fay

Cause of Death Primary Dentition 5-7 How long sick 2 weeks

Immediate Mitral Insufficiency ~~Accident, Suicide, Homicide~~

Reported by Mrs Jos. B. Cook. Funeral Director

Address 1003 W. Balto St. [redacted] 9-24

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. A. J. Sauer M.D.

of 3042 O'Donnell St

Seen by Coroner Replied thus he reported the death, but as yet

of (Sept. 27th) not received

Information contained in this certificate received

from

of

Name In Full

Certificate of Death

Elizabeth France

Died at Town: Loch Raven County: Baltimore MARYLAND

Date 1899 Month: Aug. Day: 3

Age Y. 69 M. D.

Native of Maryland

Occupation

~~Male~~ / Female

White / ~~Colored~~

Married / ~~Single~~

~~Widow~~ / ~~Widower~~

~~Divorced~~

Number of children living Seven

~~Husband~~ / Wife of Augustus France

Father's Name Do not Know

Mother's Name Do not Know

Cause of Death — Primary: Heart Disease — How long sick: Three years

Immediate: " Failure — ~~Accident, Suicide, Homicide~~

Reported by D. H. Jarrett M. D.

Address Town

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name In Full Rebecca French

Certificate of Death

Died at Town Mr. Hope Retreat County Dale MARYLAND

Date 189 9 Month 8 Day 31 Age Y. 64 M. D. Native of Occupation

~~Male~~ White ~~Married~~ Widow Divorced

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of Wife

Father's Name Mother's Name 46

Cause of Death Primary Melancholia ~~Chronic~~ Chronic How long sick about 2 weeks

Immediate Ex. from Diarrhoea Accident, Suicide, Homicide

Reported by Frank J. Flannery M.D.

Address Mr. Hope Retreat Md.

Must be signed by physician, if any in attendance, otherw[illegible] oroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Henrietta Frizzell. Certificate of Death

Died at ~~Town~~ Lutherville County Baltimore MARYLAND

Date 189 9 Month Aug Day 8 | Age Y. 40 M. D. | Native of Md | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 3

~~Wife~~ Husband of William G. Frizzell

Father's Name X Mother's Name X

Cause of Death: Primary Dementia 46. How long sick 6 mos.

Immediate Pulm. Tuberculosis

Accident, Suicide, Homicide

Reported by Percy Muse

Address Balto Co. Lutherville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

Name In Full

Certificate of Death

Letta Ferguson

Died at Town Granbylinville County Balto. MARYLAND

Month	Day	Y.	M.	D.	Netive of	Occupation
Dete 189 9	8	6	Age	5		

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's Name Joseph Ferguson

Mother's Name 82

Cause of Death: Primary Cholera infantum — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Bel Air Times 8-12

Address

Must be signed by physicien, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Name in Full William Gillespie Certificate of Death

Town County

Died at Baltimore. MARYLAND

Date 189 9 Month 8 Day 2 | Age Y. M. D. | Native of | Occupation

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's Name ??

Cause of Death: Primary Hemorrhage of Lungs — How long sick

Immediate — Accident, Suicide, Homicide

Reported by William Taylor M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76898

Name In Full Raymond Gordon

Certificate of Death

Died at Town Chalmut Ridge County Balto MARYLAND

Date 189 Month Aug Day 7 | Age Y. 1 M. D. | Native of Maryland | Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | Widow Widower | ~~Divorced~~ Number of children living

Husband of Wife —

Father's Name Clarence Gordon | Mother's Name Jane Turnbaugh

Cause of Death — Primary 157 — How long sick

Immediate Suden no ½ in attendance — Accident, Suicide, Homicide

Reported by Edwin D. Selby undertaker

Address Richardsons Balto Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full

Certificate of Death

Mary Grabus,

Died at Town Perry Hall County Balto. Co. MARYLAND

Date 1899 Month Aug. Day 17 | Age Y. 40 M. – D. – | Native of Germany | Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single Widower Number of children living 8

~~Husband~~ Wife of Julius Grabus

Father's Name Valentine Polarian Mother's Name Mary

Cause of Death: Primary Appendicitis 95 | How long sick 5 days

Immediate Failure of vital forces | ~~Accident, Suicide, Homicide~~

Reported by Dr. A. X. Whiteford Jr.

Address Pass Ville Balto. Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

5434 Robert Green

Certificate of Death

Town: Bay View County: Hospital Died at Balto, MARYLAND

Date 1899 Month ~~Sept~~ Day 20 Age Y. 77 M. — D. Native of Del. Occupation Farmer

~~Male~~ ~~Female~~ ~~White~~ Colored ~~Married~~ ~~Single~~ ~~Widowed~~ Widower ~~Divorced~~ Number of children living ——

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary — Pneumonia 72 — How long sick 3 days

Immediate — Arteriosclerosis - Cardiac — Accident, Suicide, Homicide

Reported by J. A. Holland M. D.

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Admitted Aug 15, 1890.
Resided in Baltimore 17 years
before commitment to Bay View.

Name in Full: Phil C Greenfield

Certificate of Death

Died at: Town: Hamilton Ave County: Balto MARYLAND

Date 1899 Month: Aug Day: 7 | Age: Y. M. D. Coys | Native of: Balto Co | Occupation: farmer

Male / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ | Number of children living: 10

Husband / Wife of: Susan M Greenfield

Father's Name: Caleb Greenfield | Mother's Name: Anna B Dilworth

Cause of Death: Primary: Intermittent Fever | How long sick: 19

Immediate: Bilious Dysentery | Accident, Suicide, Homicide

Reported by: Geo Randell M D Corse

Address: Gardenville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full: Everett Gross

Certificate of Death

Died at: Town: Hillsville County: Balto MARYLAND

Date 1899 Month 8 Day 18 | Age Y. 65 M. D. | Native of Md | Occupation Laborer

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ ~~Single~~ | ~~Widow~~ Widower | Divorced ~~Number of children living~~

Husband / Wife of X

Father's Name: Matthew Gross

Mother's Name: Sarah Gross

Cause of Death: Primary: Heart Disease — How long sick: 2 hours

Immediate: — 57 — ~~Accident, Suicide, Homicide~~

Reported by: V B Hall M.D.

Address: Mt Winans Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full

Certificate of Death

Olander Gross

Town

County

Dled at Catonsville Balto.

MARYLAND

Date 189 9 Month 8 Day 12 | Age Y. 1 M. 8 D. | Native of | Occupation

Male | White | Married | Widow | Divorced

Female | Colored | Single | Widower | Number of children living

Husband of Wife

Father's Name

Mother's Name 82

Cause of Death

Primary Teething & Diarrhoea

Immediate Congestion of brain

How long sick

Accident, Suicide, Homicide

Reported by M R Gerry M.D.

Address Catonsville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full 5437 Certificate of Death

David L Hagestheimer

Died at Town Confed Home County Balto MARYLAND

Date 1899 Month 8 Day 23 Age Y. 80 M. D. Native of Md Occupation

Male White Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name Mother's Name

Cause of Death Primary Tuberculosis 22a How long sick

Immediate Accident, Suicide, Homicide

Reported by W P E Myers

Address Pikesville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Certificate of Death

Joseph Hall

Died at Town: Govanife County: Baltimore MARYLAND

Date 1899 August Month 11 Day | Age Y. 68 M. D. | Native of Md. | Occupation Laborer

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 3

Husband of Elizabeth Hall

~~Wife~~

Father's Name

Mother's Name

Cause of Death: Primary Paralysis 44 — How long sick 3 yrs 6 mos.

Immediate

Accident, Suicide, Homicide

Reported by William Eastman

Address Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79705

Attended by Dr._____

of _____

Seen by Coroner_____

of_____

Information contained in this certificate received from_____

of_____

Name in Full #5391

Certificate of Death

Edmund La F Hardcastle

Died at Town: Sheppard & Enoch Pratt Hosp. County: Towson Balto Co. MARYLAND

Date 1899 Month: Aug Day: 10

Age Y. 74 M. - D. -

Native of Maryland

Occupation Farmer & Banker

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow 1 Widower ~~Widow~~

Number of children living

Husband ~~Wife~~ of Mrs Edmund La F Hardcastle

Father's Name Not known

Mother's Neme Not known

Cause of Death — Primary: Atheroma 42 — How long sick: 18 Mos

Immediate: Apoplexy — Accident, Suicide, Homicide

Reported by Edmund N Bruce

Address Sheppard & Enoch Pratt Hospital Towson Md

Must be signed by physiqien, if eny in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70005

Name in Full #5458 Certificate of Death

Henry J Hanne

Died at Town Cooper Home County Baltimore MARYLAND

Date 1899 Month 8 Day 27 Age Y. 65 M. D. Native of Occupation

Male ~~Female~~ White ~~Colored~~ Married Single Widow Widower Divorced Number of children living

Husband of Wife

Father's Name Mother's Name

Cause of Death Primary Paralysis 44 How long sick

Immediate Accident, Suicide, Homicide

Reported by W. P. E. [illegible]

Address Pikesville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Special 8/27/90

Name In Full

Certificate of Death

Mrs. Mary B. Haskell

Town

County

Died at Balto. MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
8	31	62				

Date 189 9

~~Male~~ Female

White Colored

Married ~~Single~~

Widow Widower

Divorced

Number of children living

~~Husband~~ Wife of Rev. Daniel Haskell

Father's Name Las. H. Bozley

Mother's Name

Cause of Death

Primary

Immediate 161

How long sick

Accident, Suicide, Homicide

Reported by Union 9-9

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Rachel Hawkins

Certificate of Death

Died at Town: Halethorpe County: Baltimore MARYLAND

Date 1899 Month: Aug. Day: 15 | Age Y.: 60 M.: – D.: – | Native of: Maryland | Occupation: Housewife

~~Male~~ Female | ~~White~~ Colored | Married | ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living: 7 or 8

~~Husband~~ Wife of Thomas Hawkins

Father's Name: Thomas Eager | Mother's Name: — Eager

Cause of Death — Primary: La Grippe. Acute Pul. Tuberculosis | How long sick: 7 months

Immediate: Exhaustion. G | ~~Accident, Suicide, Homicide~~

Reported by: Mrs. R. Earecksen

Address: Elk Ridge

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name in Full: Jno Hessian

Certificate of Death

Died at Town: Timonium County: Balto. MARYLAND

Date 189 9 Month: Aug. Day: 22 | Age Y. 14 M. D. | Native of: Md. | Occupation: None

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

Husband of Wife

Father's Name: Jno Hessian

Mother's Name: Maggie Hessian

Cause of Death: Primary: Dentition

Immediate: Meningitis

39a

How long sick: two weeks

~~Accident, Suicide, Homicide~~

Reported by: B. F. Burney

Address: Tempe Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full — Helen E. Hook — Certificate of Death

Died at — Town: Rockland — County: Balti — MARYLAND

Date 1899 — Month: Aug — Day: 20 — Age: Y. X — M. 9 — D. 21 — Native of: Balti. — Occupation: —

~~Male~~ Female — ~~White~~ ~~Colored~~ — ~~Married~~ Single — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~of~~ Wife

Father's Name: Charles Hook — Mother's Name: Laura Hook

Cause of Death — Primary: C8 49 — How long sick: 1 day

Immediate: Exhaustion — Accident, Suicide, Homicide

Reported by: Geo. Burns & Sons

Address: Towson — 612 C. York

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79509

Attended by Dr. Shapiro

of Mt. Washington

Seen by Coroner no

of

Information contained in this certificate received

from Family

of Rockland Co.

Name in Full #5384 Certificate of Death

Annie Storlamus

Died at Town Mt Hope Retreat County Balto Co MARYLAND

Date 1899 Month Aug Day 6 | Age Y. 47 M. D. | Native of Germany | Occupation none

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ Divorced

Number of children living 2

Husband of Wife Henry Storlamus

Father's Name — Mother's Name —

Cause of Death { Primary Dementia . 46 | How long sick 8 mos

Immediate Ex Tuberculosis Pul | Accident, Suicide, Homicide

Reported by Frank J Flannery M D

Address Mt Hope Retreat Balto Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Charles F. Ide

Died at Town: Catonsville County: Balto MARYLAND

Date 189 Month: Aug Day: 21 | Age Y.: 21 M.: 6 D.: 4 | Native of: Maryland | Occupation: —

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / Single | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ / ~~Number of children living~~

Husband / Wife of —

Father's Name E. C. Ide

Mother's Name Sylvania Ide

Cause of Death — Primary: Typhoid fever, Immediate: Asthenia

How long sick 4 weeks

~~Accident, Suicide, Homicide~~

Reported by David M Stultz M.D.

Address Catonsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Bridget Igo

Died at Town: Mt Hope Retreat County: Balto MARYLAND

Date 1899 Month: 8 Day: 18 | Age Y.: 38 M.: — D.: — | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

Husband / Wife of —

Father's Name —

Mother's Name —

Cause of Death: Primary: Mania Chronic 46 — How long sick: 15 yrs -

Immediate: Ex from Pul - Tuberculosis — ~~Accident, Suicide, Homicide~~

Reported by Frank J. Flannery M.D.

Address Mt Hope Retreat - Mt Hope Md -

over

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Residents of Balto City:

Name in Full

Certificate of Death

5432 Joseph Imbusch

Town

County

Died at Baltimore MARYLAND

	Month	Day	Y.	M.	D.	Native of	Occupation
Date 1899	August	20th	Age 47			New Jersey	Laborer

Male ~~Female~~ White ~~Colored~~ Married ~~Widowed~~ Single ~~Widower~~ ~~Divorced~~

Number of children living 3

Husband of

Wife

Father's Name

Mother's Name

Cause of Death — Primary: Cancer stomach 25 b — How long sick: since May '98

Immediate: exhaustion — ~~Accident Suicide Homicide~~

Reported by Francis E. Brown, M.D.

Address St. Agnes Hospital Balto Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name In Full Mrs. Mary Labone

Certificate of Death

Died at Perryhall Town County Balto. MARYLAND

Date 189 9 Month 8 Day 17 | Y. 38 M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 8

~~Husband~~ Wife of Julius Labone

Father's Name | Mother's Name

Cause of Death | Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Md Journal

Address A-26

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name in Full #5455 Infant not Kaehler named

Certificate of Death

Died at Town Catonsville County Balto MARYLAND

Date 1899 Month Aug Day 29 | Age Y. — M. — D. 1 | Native of Md | Occupation —

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 4

Husband of Wife —

138 F

Father's Name Joseph W Kaehler

Mother's Name Sarah Kaehler

Cause of Death Primary Premature birth

Immediate Asthenia

How long sick

~~Accident, Suicide, Homicide~~

Reported by David M. Stultz M D

Address Catonsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Elizia Jane Kane

Certificete of Death

Died et Town Highlandtown County Balto. MARYLAND

Date 189 9 Month 8 Day 25 | Age Y. M. D. | Native of | Occupetion

~~Male~~ White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Fether's Name

Mother's Name 142 a

Ceuse of Death { Primary Took Laudanum | How long sick

Immediete | ~~Accident~~, Suicide, ~~Homicide~~

Reported by William Lyshon J.P.

Address

Must be signed by physician, if any in ettendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full | Certificate of Death

Mrs. Patrick Hearnes

Died at Mt. Washington (Town) Baltic (County) MARYLAND

Date 1899 Month August Day 3 | Age Y. 69 M. D. | Native of Ireland | Occupation house wife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ Widower Number of children living 6

Husband / Wife of Patrick Hearnes

Father's Name | Mother's Name 82

Cause of Death: Primary Gastro Interitis | How long sick one month

Immediate Cronic Diarrhea | Accident, Suicide, Homicide

Reported by Dr J. S. Bowen

Address Mt. Wash. [redacted] ington

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full Katharine Kelly

Certificate of Death

Died at Town Texas County Balto. MARYLAND

Date 189 9 Month Aug Day 16 | Age Y. 58 M. D. | Native of Ireland | Occupation Housework

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living Eight

Husband of Wife Michael Kelly

Father's Name Jno Kelly

Mother's Name Katharine Kelly

Cause of Death: Primary Dysentery 84 | How long sick Seven days

Immediate | Accident, Suicide, Homicide

Reported by B. F. Burney

Address Texas Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Catharine G Kimberly

Certificate of Death

Died at 500 New Broadway Town Baltr. County MARYLAND

Date 1899 Month A Day 22 Age Y. 72 M. D.

Native of

Occupation

~~Male~~ White ~~Married~~ Widow Divorced

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of Wife

Father's Name

Mother's Name 143

Cause of Death

Primary Fractured hip joint

Immediate Old age

How long sick

Accident, Suicide, Homicide

Reported by P. H. Reiche, M.D.

Address Waverly Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full #5420 Sarah Lafferty

Certificate of Death

Died at Mt Hope Retreat. Town County Balto Co MARYLAND

Date 1899 Month 8 Day 17 | Age Y. 86 M. — D. — | Native of Ireland | Occupation Housework.

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~

Husband of

Wife

Father's Name

Mother's Name

Cause of Death: Primary Senile Mania 46 — How long sick Since Feb-99-

Immediate Exhaustion — Accident, Suicide, Homicide

Reported by Frank J. Flannery MD

Address Mt Hope Retreat

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Was a Resident of Baltimore Md

Name in Full | Certificate of Death

John Sherman Larkins

Died at — Town: White Hall — County: Baltimore — MARYLAND

Date 1899 — Month: Aug — Day: 21 | Age — Y.: 3 — M.: 11 — D.: 2 | Native of: Pa | Occupation: Waiter

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~of~~ Wife: Grace Jones

Father's Name: John Wesley Larkins — Mother's Name: Mary Larkins

Cause of Death — Primary: Tuberculosis 22a — How long sick: 8 months

Immediate: Phthisis pulmonalis — ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: E. W. Heyde M.D.

Address: Parkton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Certificate of Death

Maria R Lewis

Died at Town: Glen Morris County: Balto MARYLAND

Date 189 9 Month: Aug Day: 13 Age Y. 77 M. D. Native of: Maryland Occupation: Housekeeper

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name: Elias Lewis Mother's Name: Lydia Hopewell

Cause of Death: Primary

Immediate: Dysentery 84

How long sick

Accident, Suicide, Homicide

Reported by: H. M. Slade

Address: Reisterstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full #5459

W. Harper. McFeely

Certificate of Death

Died at Mt Hope Retreat (Town) Balto. (County) MARYLAND

Date 1899	Month 8	Day 28	Age Y. 39	M. —	D. —	Native of Md	Occupation Ins. Agent

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~

Number of children living ~~—~~

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary — Mania Acuti - 46 — How long sick 6 Wks

Immediate — Ex from Septicaemia -

Accident, Suicide, Homicide

Reported by Frank J. Flannery

Address Mt Hope [redacted] Maryland.

Must be signed by physician, if eny in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79706

Not a resident of Baltimore

Name in Full

Certificate of Death

#5390 Benj G. Merritt

Died at Town Leatonsville County Baltimore MARYLAND

Date 1899 Month Aug Day 9 | Age Y. 78 M. D. | Native of Md | Occupation None

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living X

Husband of Wife X

Father's Name X | Mother's Name X

Cause of Death: Primary Dementia 46 | How long sick 3 mos

Immediate Old age | ~~Accident, Suicide, Homicide~~

Reported by J Percy Wade

Address Md Hospital Leatonsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name In Full Frances Boyce Meyer

Certificate of Death

Died at Town Roland Heights, County Heathbrook, Bates MARYLAND

Date 189 9 Month 8 Day 2 | Age Y. M. D. 51 | Native of | Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name | Mother's Name 138

Cause of Death: Primary Spina Bifida | How long sick

Immediate Convulsions | Accident, Suicide, Homicide

Reported by Geo. H. Caines, MD

Address 21 N. 25th St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70[illegible]

Name in Full Elnna Monroe

Certificate of Death

Died at Town Govanstown County Balto MARYLAND

Date 189 9 Month 8 Day 24 | Age Y. 1 M. 1 D. | Native of | Occupation

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary Gas. Ent. 82 | How long sick

Immediate Exhaustion | Accident, Suicide, Homicide

Reported by Dr. Purnell F. Sappington

Address Station A

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Elizabeth Nash

Died at Town Granity County Balto MARYLAND

Date 1899 Month Aug. Day 21 Age Y. 88 M. 2 D. 14 Native of Md. Occupation None

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

~~Husband~~ Wife of Thos Nash (Deceased)

Father's Name Gibbs Mother's Name 141 Gibbs

Cause of Death Primary Senility Exf. ~~How long sick~~

Immediate General Debility ~~Accident Suicide Homicide~~

Reported by H. F. Shipley MD

Address Granity Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full: Royal Leon Neal

Certificate of Death

Died at: Town: Ilchester County: Balto. MARYLAND

Date 189 9 Month: Aug Day: 9

Age: Y. 7 M. months D.

Native of: Md

Occupation:

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Single~~ ~~Widower~~ Number of children living

~~Husband of~~ ~~Wife~~

Father's Name: Charles Tracey

Mother's Name: Eliza Neal

Cause of Death: Primary: Brain Fever 39a

How long sick: 10 days

Immediate

~~Accident~~ ~~Suicide~~ ~~Homicide~~

OVER

Reported by: Stephen Hilsinger

Address: Undertaker Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. H. E. Hodges
of Ellicott City

Seen by Coroner —
of —

Eliza Veal
of Ilchester, Md.

Name in Full Rosa Morton

Certificate of Death

Died at Town Oella County Balto MARYLAND

Date 189 Month Augt Day 2 | Age Y. 15 M. D. | Native of Md | Occupation —

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

~~Husband~~ ~~Wife~~ of

Father's Name John | Mother's Name —

Cause of Death: Primary Rheumatism 3-6 | How long sick

Immediate Endocarditis | Accident, Suicide, Homicide

Reported by Dr J Byrne

Address Ellicott City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Mary Ann Peterson

Died Near Md Sun (Town) Baltimore (County) MARYLAND

Date 1899 Month 8 Day 18 | Age Y. 73 M. D. | Native of Penna | Occupation Housekeeper

~~Male~~ ~~White~~ ~~Married~~ Widow ~~Divorced~~

Femele Colored ~~Single~~ ~~Widower~~ Number of children living 4

~~Husband~~ of Wife Joseph Peterson

Father's Name Trippet | Mother's Name Not Known

Cause of Death: Primary Dysentery 84 | How long sick

Immediate Exhaustion | Accident, Suicide, Homicide

Reported by Daniel V Moyer MD

Address Maryland Sun Md

Must be signed by physician, if any in attendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 79898

Name in Full — Certificate of Death

Howard Plowman

Died at — Town — County Baltimore — MARYLAND

Date 189 9 — Month Day: 8 – 14 — Age: Y. M. D. 24 — Native of — Occupation

Male ~~Female~~ — White ~~Colored~~ — ~~Married~~ Single — ~~Widow~~ Widower — ~~Divorced~~ — ~~Number of children living~~

Husband of
Wife

Father's Name — Mother's Name 145d

Cause of Death — Primary: Struck on the head by a crankpin — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Md. Journal 8-19

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name In Full | Certificate of Death

Fred. Porter

Died at Town: Walters | County: Balto | MARYLAND

Date 1899 | Month: Aug | Day: 30 | Age Y. — M. — D. 13 | Native of: Md | Occupation: —

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / Single | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ / Number of ~~children living~~

Husband / Wife of —

Father's Name: Geo. H. Porter | Mother's Name: Annie Porter

Cause of Death: Primary: Hammorhagen 140 | How long sick: few hours

Immediate: from Multiticus | ~~Accident, Suicide, Homicide~~

Reported by: John W Harrison Md

Address: Middle River Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895

Name in Full

Bessie Lee Price

Certificate of Death

Died at Alberton. (Town) Balto. (County) MARYLAND

Date 1899 Month Aug. Day 23. Age Y. 16. M. 3. D. —

Native of Va. Occupation None.

~~Male~~ Female White ~~Colored~~ ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~

Number of children living ~~—~~

Husband of —

Wife —

22a

Father's Name Wm. H. Price, Mother's Name Eliza A. Price.

Cause of Death: Primary — Pulmonary Phthisis. How long sick 3 Months.

Immediate — Exhaustion & Suffocation

~~Accident, Suicide, Homicide~~

Reported by Wm. W. Ward, A.B. M.D.

Address Granite. Balto. Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON

Name in Full

Certificate of Death

Geo. O. Pursley

Died at Town Pikesville County Baltimore MARYLAND

Date 1899 Month 8 Day 10 | Age Y. 56 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | Divorced Number of children living

Husband of Wife

Father's Name | Mother's Name 22a

Cause of Death: Primary Phthisis Pulmonalis | How long sick

Immediate Hemorrhoids | Accident, Suicide, Homicide

Reported by H. Louis Naylor M.D.

Address Pikesville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

George Ralph

Died at Town: Sparrows Point County: Balto. MARYLAND

Date 189 9 | Month: Aug. | Day: 21st | Age: Y. 3 M. 8 D. | Native of: Md. | Occupation: none

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / ~~Single~~ | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ / ~~Number of children living~~

Husband / Wife of

Father's Name: Alf Ralph Mother's Name: Rosa Ralph

Cause of Death — Primary: Diphtheria & A — How long sick: 5 days

Immediate: Paralysis — ~~Accident, Suicide, Homicide~~

Reported by: H. Woodward M.D.

Address: Sparrows Point, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full John C. #5400

~~Geo~~ Rixse

Certificate of Death

Town Ge County

Died at Fords Woods Balto Co MARYLAND

Date 1899 Month Apr Day 13 | Age Y. 21 M. D. years | Native of Baltimore | Occupation Laborer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~of~~ ~~Wife~~ 1456

Father's Name John Rixse

Mother's Name Lizzie Rixse

Cause of Death: Primary Struck by Lightning

Immediate yes

How long sick —

Accident, ~~Suicide, Homicide~~

Reported by John C Evans L.P.

OVER

Address Gardinsville Baltimore Co

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr._____

of_____

Information contained in this certificate received from_____

of_____

Name In Full

Certificate of Death

Henrietta Schumacher

Died at Town Cub Hill County Baltimore MARYLAND

Date 1899 Month Aug. Day 17th Age Y. 38 M. D. Native of Germany Occupation Housekeeper

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3

~~Husband~~ Wife of Caspar Schumacher.

Father's Name August Held Mother's Name Anna Maria Held

Cause of Death Primary Pleuro-pneumonia, indu- How long sick Six days.

Immediate cing premature (2 weeks) delivery. Accident, Suicide, Homicide

Reported by H. T. Harrison, M. D.

Address Loch Raven Baltimore Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Shanks — Certificate of Death

5431

Died at Town: Mt Washington — County: Balto Co. Md — MARYLAND

Date 189 9. Month: aug. Day: 20 — Age: Y. 1 M. month D. — Native of: Mt Washington — Occupation: —

Male ~~Female~~ — White ~~Colored~~ — ~~Married~~ Single Widow ~~Widower~~ Divorced — Number of children living

Husband / Wife of: Morris and Mary. Shanks.

Father's Name: Morris Shanks. — Mother's Name: Mary Shanks

Cause of Death — Primary: Obstruction of Liver — How long sick: 5 hours.

Immediate: One month 92 — Accident, Suicide, Homicide

Reported by: Dr Morris Shanks.

Address: Mount Washington Balto Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65968

Attended by Dr. Harris Shanks.
of Mt. Washington

Information contained in this certificate received from Dr Harris Shanks
of Mt Washington Balto Co Md

Name in Full | Certificate of Death

Shipley

Died at Town: North Branch County: Balto MARYLAND

Date 189 9 Month: Aug Day: 17 | Age Y. - M. 3 D. - | Native of: md | Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Married~~ Single ~~Widower~~ Number of children living

Husband of Wife

Father's Name: Frank Shipley Mother's Name

Cause of Death: Primary | How long sick

Immediate 161 | Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr. Boltke

of North Branch Md

Information contained in this certificate received from

of

Name in Full Henry E. Shipley

Certificate of Death

Died at Town Pikesville County Balto. MARYLAND

Date 189 9 Month 8 Day 12 | Age Y. M. D. | Native of | Occupation Builder

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 8

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary 161

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Md. Journal

Address 8-19

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

William Simms

Certificate of Death

Died at Town: Lock Raven County: Baltimore MARYLAND

Date 1899 Month: Aug Day: 25 | Age Y. 31 M. D. | Native of Maryland | Occupation Planter

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name: Samuel Simms

Mother's Name: Margaret Simms

Cause of Death — Primary: Typhoid fever

How long sick: Five weeks

Immediate: Convulsions

~~Accident, Suicide, Homicide~~

Reported by: D. T. C. Jarrett M.D.

Address: Towson

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79813

Name in Full Smith

Certificate of Death

Premature Birth - Not named

Died at Town Cockeysville County Balto MARYLAND

Date 1899 Month Aug Day 28 | Age ~~Y. M. D.~~ 3 hours | Native of Md | Occupation Infant

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ Number of children living Infant

~~Husband~~ ~~Wife~~ of Daughter of —

Father's Name Wm H Smith

Mother's Name Annie L Smith

Cause of Death { Primary Premature Birth

Immediate 138 /

How long sick

~~Accident, Suicide, Homicide~~

Reported by Dr B. R. Benson

Address Cockeysville Balto Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79706

Name in Full ~~X~~ 5405 Ann Smith

Certificate of Death

Town County

Died at annapolis Road, Baltimore MARYLAND

Month Day | Y. M. D. | Native of | Occupation

Date 189? Aug 13 | Age 54.

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living 4

~~Husband~~ of

~~Wife~~

Father's Name Frank Smith Mother's Name albertina Smith

Cause of Death: Primary Typhoid Pneumonia

Immediate Exhaustion

How long sick 1

~~Accident, Suicide, Homicide~~

Reported by Z Bittall M.D.

Address Mt Winans Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full #5394 Certificate of Death

Martha Marie Steinacker

Died at Town annapolis Road County Balto MARYLAND

Date 189 9 Month 8 Day 11 | Age Y. M. D. 4-5 | Native of Md | Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single Widower ~~Number of children~~ living

Husband of Wife X 19

Father's Name John F. Steinacker Mother's Name Mary Steinacker

Cause of Death Primary Pernicious Malarial | How long sick 2 days

Immediate Exhaustion Fever | ~~Accident, Suicide, Homicide~~

Reported by Z B Hall M.D.

Address Mt Wilson Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79868

Name in Full — Certificate of Death

Frances Stevenson

Died at — Town: Towson — County: Baltimore — MARYLAND

Date 1899 — Month: Aug — Day: 7 — Age: Y. 89 M. D. — Native of: Maryland — Occupation: Domestic

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / Widower — ~~Divorced~~ / ~~Number of children living~~

~~Husband~~ / ~~Wife~~ of

Father's Name: Stevenson — Mother's Name: Do not Know

Cause of Death — Primary: old age — How long sick: Five years

Immediate: General debility — ~~Accident, Suicide, Homicide~~

Reported by: D K. Daneto M D

Address: Towson

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70-78

Name in Full Honor Stiltz

Certificate of Death

Died at Town Hereford County Baltimore MARYLAND

Date 189 9 Month Aug Day 17 Age Y. 84 M. 10 D. 16 Native of Md Occupation Housewife

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living Three

Husband of Wife Amos Stiltz

Father's Name Patrick Myers Mother's Name Marie Myers

Cause of Death Primary How long sick

Immediate Paralysis 44 Accident, Suicide, Homicide

Reported by A. R. Mitchell

Address Hereford Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Certificate of Death

William Thomson

Died at Town Scott Level County Baltimore MARYLAND

Date 1899 Month Aug Day 28 | Age Y. 21 M. 10 D. | Native of Maryland | Occupation Laborer

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ Widower Divorced

Number of children living

Husband of Wife

Father's Name Alex Thomson

Mother's Name Mariella Thomsson

Cause of Death: Primary Typhoid Fever 1

Immediate Intustinal Hemorrhage

How long sick

Accident, Suicide, Homicide

Reported by Dr A E Emrick

Address Hebbville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

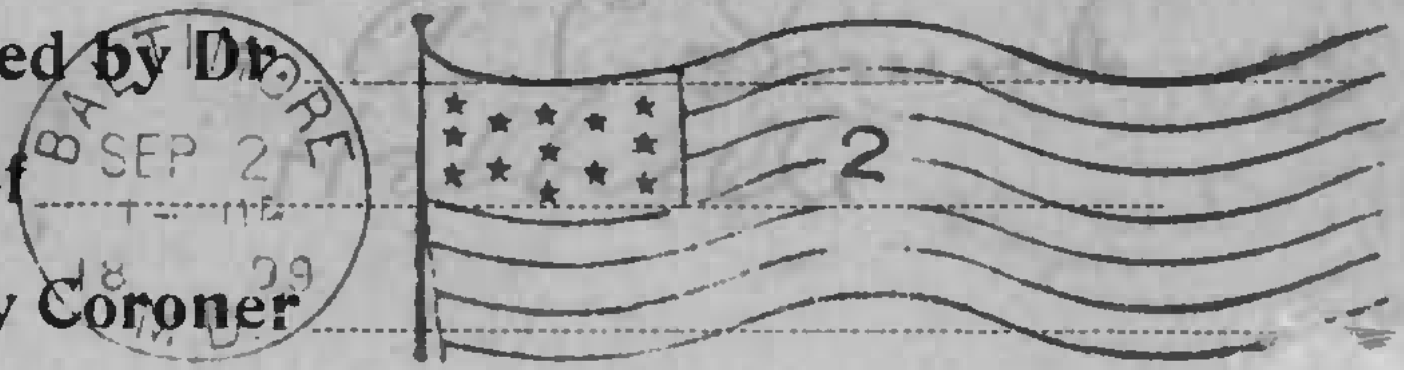
LIBRARY BUREAU, 79898

Attended by Dr.

of

Seen by Coroner

of



Information contained in this certificate received

from

of

Local Health Office #10 South St.
City

Name in Full — Certificate of Death

Elizabeth Tracey

Died at Mt Carmel (Town) Baltimore (County) MARYLAND

Date 189 9 Month 8 Day 6 | Age Y. 78 M. 8 D. 9 | Native of Md | Occupation Housewife

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced | Number of children living 4

Husband / Wife of Wm. L. Tracey

Father's Name Thomas Thompson | Mother's Name Sarah Thompson

Cause of Death — Primary: Softening of Brain — How long sick 4 years

Immediate: Paralysis 43 — Accident, Suicide, Homicide

Reported by A. R. Mitchell

Address Hereford Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full Esther Trogler.

Certificate of Death

Died at Town Gorsuntown County Balto MARYLAND

Date 1899 Month 8 Day 18 Aga Y. 49 M. 7 D. Native of Md Occupation —

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

Husband of Wife Geo Lewis Trogler.

Father's Name Levan Boston Mother's Name Esther Wilson

Cause of Death Primary Senility 141 How long sick

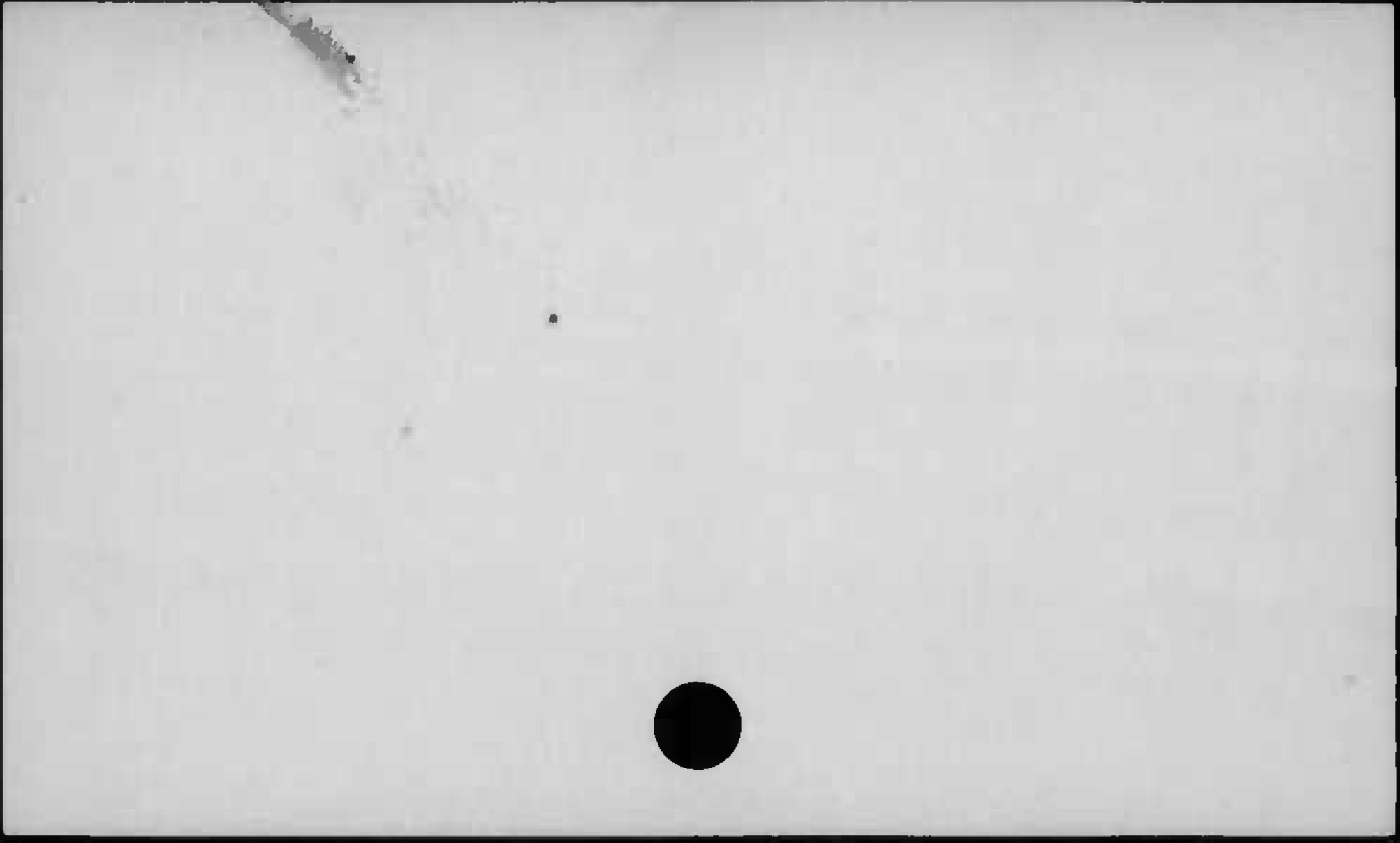
Immediate Bronchitis Accident, Suicide, Homicide

Reported by Geo H. Hoeking.

Address Gorsuntown Balto

Must be signed by physician, if any in attendance, otherwise by coroner, undertakar or ministar.

LIBRARY BUREAU, 79[illegible]



Name in Full Christina Washington

Certificate of Death

Died at Town Catonsville County Balto MARYLAND

Date 189 9 Month Aug Day 1 | Age Y. 25 M. D. | Native of Md | Occupation Housewife.

~~Male~~ Female ~~White~~ Colored Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 2

Husband ~~Wife~~ of John Washington.

Father's Name x Mother's Name x 46

Cause of Death { Primary Melancholia. | Immediate Pulm Tuberculosis. | How long sick 5 mos. | Accident, Suicide, Homicide

Reported by J Percy Wade

Address Md Hospital. Catonsville,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name In Full

Certificate of Death

Maud Hunzel

Died at Town: Golden Ring County: Baltimore MARYLAND

Date 189 9	Month	Day	Y.	M.	D.	Native of	Occupation
	8	72		4			

Age

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name: Wm. Hunzel

Mother's Name:

Cause of Death — Primary: 161 — How long sick:

Immediate — Accident, Suicide, Homicide:

Reported by: Md. Journal

Address: [redacted] 19

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7[illegible]

Name In Full Conrad A. Wilthide

Certificate of Death

Died at Town Arlington County Balto. MARYLAND

Date 189 9 Month 11 Day 4 | Age Y. 70 M. D. | Native of | Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow Widower Divorced Number of children living

Husband of Wife

Father's Name

Mother's Name 141

Cause of Death: Primary Old age — How long sick 4 mos.

Immediate Dilatation of heart — Accident, Suicide, Homicide

Reported by Morris Shanky M.D.

Address Mr Washington

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7[illegible]

Name In Full

Certificate of Death

#5460 Florian Otto Wittichen

Died at Town: Catonsville County: Balto MARYLAND

Date 1899 Month: Aug Day: 28

Age Y. 63 M. years D.

Native of Montwe Germany

Occupation Merchant

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow Widower Divorced

Number of children living 6

Husband of Katie Forbis Wittichen

~~Wife~~

Father's Name Paul F. Wittichen

Mother's Name Charlotte Moller

Cause of Death: Primary Cirrhosis

How long sick 3 Months

Immediate

Accident, Suicide, Homicide

Reported by D. Riley M.D.

Address Catonsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7888

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....